Results: 40 patients were recruited (mean age 49.7; 62% female). Compliance with daily diary completion was 97%. Symptom scores remained stable for 14 days pretreatment and symptom score fell by 80% post GSV closure. ES (mean change/SD) and correlations with other instruments are shown in Table.

Conclusions: VVSymQ™ is a simple patient-centered measure that can be administered daily via a PDA with very high compliance. It is sensitive to clinically important symptom improvements following GSV closure and correlates with existing instruments.

ES and correlation between instruments pre and post GSV closure

Table.

	VVSymQ	*PA-V3*	*VCSS*	*VEINES-QoL*	*CIVIQ-20*
Effect size (ES)	2.0 (paper) 1.6 (electronic)	1.5	3.4	1.8	1.2
Correlation pre-GSV closure	–	0.318[a]	NS	0.727[c]	0.518[c]
Correlation 8 week post-GSV closure	–	NS	0.456[b]	0.755[c]	0.587[c]

[a] $P \leq .05$;
[b] $P \leq .01$;
[c] $P \leq .001$; NS=not significant

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PS150.

Saphenous Vein Recanalization after Radiofrequency Ablation: Incidence and Associated Risk Factors

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Objectives: Endovenous ablation of the great and small saphenous veins has become the standard surgical therapy for the treatment of chronic venous insufficiency (CVI). Vein recanalization following radiofrequency ablation (RFA) has been described. This study reviewed the incidence of and risk factors for developing recanalization after successful ablation.

Methods: This two-center retrospective study reviewed 249 limbs that underwent RFA of either the great (GSV) or small saphenous vein (SSV) over a three-year period, and for which an intermediate duplex ultrasound was available. All cases of saphenous recanalization (N=16, 6.4%), were identified and the associated patient data, including comorbidities and need for additional interventions, were analyzed.

Results: Seventeen limbs demonstrated either segmental (9, 53%) or complete (8, 47%) recanalization of the GSV after initial successful ablation. Recanalization was associated with higher rate of symptom recurrence (41% v 21%, RR 2.75, 95% CI, 0.99-7.6) and need for a second vein procedure in the affected limb (35% v 12%, RR 3.96, 95% CI 1.3-11.7). Two GSVs required a second endovenous ablation for persistent venous ulcers. Concomitant diabetes, hyperlipidemia, anticoagulation use, antiplatelet use, presence of deep reflux, or tobacco use did not increase the risk of recanalization. Comparatively, patients with GSV recanalization had a longer mean follow-up (63.3 v. 41.6 weeks) but no difference in disease severity (C4, 35% v. 17%; C5, 18% v. 15%; C6, 6% v. 8%, NS).

Conclusions: GSV recanalization following RFA for the treatment of CVI appears to be a sporadic phenomenon without clearly associated risk factors. Recanalization, although often involving an isolated segment of the great saphenous vein, is associated with a two-fold increase in symptom recurrence and the need for interval vein procedures. Follow-up ultrasound interrogation is recommended especially in patients with persistent or recurrent symptoms or ulceration.

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PS152.

Calf Deep Vein Thrombosis: Current Trends in Management

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Objectives: Deep vein thrombosis (DVT) involving calf veins is relatively common condition with an incidence of almost 2% in the general population. Despite this high incidence there is lack of consensus regarding appropriate management of the condition borne primarily from paucity of evidence. Our objective as a prelude to a larger randomized trial was to review current management practices by means of a national survey.

Methods: The survey was conducted among vascular specialists who routinely manage patients with calf DVT. This was done by means of a 19 point questionnaire. The 110 responses accrued were collated and analyzed to ascertain practice patterns.

Results: Of the 110 practitioners 68 (62%) were Vascular Surgeons. Amongst the responders, while 93 (85%) would anticoagulate for axial calf vein DVT, only 60 (55%) would anticoagulate for muscular calf vein DVT. Of those practitioners anticoagulating for calf DVT 60% would fol-